

Provisional Provisional

State ID:	00000	Facility Name:	-
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TENNESSEE DEPARTMENT OF HEALTH
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JOINT ANNUAL REPORT OF AMBULATORY SURGICAL TREATMENT CENTERS 2014

[Schedule A - Identification](#)

[Schedule B - Certifications, Accreditation, and Memberships](#)

[Schedule C - Classification](#)

[Schedule D - Availability and Utilization of Services](#)

[Schedule E - Patient Characteristics](#)

[Schedule F - Financial Data](#)

[Schedule G - Personnel](#)

[Schedule H - Medical Staff](#)

[Administrator Declaration \(Electronic Signature\)](#)

[State ID Listing](#)

[Tips](#)

[Error Listing / Comments](#)

Provisional Provisional

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Schedule A - Identification					
Complete ALL fields.					
Do not use all UPPER case letters when filling out the schedules.					
<p>According to the Department of Health Rules and Regulations Section 1200-8-10-.11(1), "a yearly statistical report, the 'Joint Annual Report of Ambulatory Surgical Treatment Centers', shall be submitted to the Department." Please read all information carefully before completing your Joint Annual Report with data for the year specified above. Please complete all items, using 0 (zero) when appropriate and checking all appropriate checkboxes. Check all computations, especially where a total is required. Any items which appear to be inconsistent will be queried.</p> <p>Facilities will be reported to the Board for Licensing Health Care Facilities for failure to timely file a report or respond to queries.</p>					
Facility	State ID	00000	License Number	-	
	Facility Name	-			
	Did the facility name change during the reporting period?				Yes/No -
	If Yes, Prior Name				
	Street	-			
	City	-	County	-	
	State	-	Zip Code (5 digit)	-	
	Phone Number (10 digits)				
	Mailing Address same as Street Address? If Yes, proceed to next section.				Yes/No -
	Mailing Address				
	City				
	State		Zip Code (5 digit)		
Preparer	Name				
	Title				
	Phone Number (10 digit)				
	Email Address				
Adminis- tration	Name of Administrator				
	Name of Medical Director				
Reporting Period	The reporting period is July 1 2013 through June 30 2014.				Yes/No -
	If unable to report based on above dates, provide beginning and ending dates (used for all utilization and financial data):	Beginning (mm/dd/yyyy)--use slashes between numbers			
		Ending (mm/dd/yyyy)--use slashes between numbers			
	Number of days in reporting period:				0

Provisional Provisional

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Schedule B - Certifications, Accreditation, and Memberships						
Do not use all UPPER case letters when filling out the schedules.						
Certifications	Yes/No	-	Participation in TennCare	Provider Number:		
	Yes/No	-	Participation in Medicare	Provider Number:		
Accreditation	Yes/No	-	Joint Commission on Accreditation of Healthcare Organizations	Approval Date (year)		
				Expiration date (year)		
	Yes/No	-	Accreditation Association for Ambulatory Health Care (AAAHC)	Approval Date (year)		
				Expiration date (year)		
	Yes/No	-	American College of Surgeons Commission on Cancer (ACoS-Coc)	Approval Date (year)		
				Expiration date (year)		
	Yes/No	-	American Association for the Accreditation of Ambulatory Surgical Facilities (AAAASF)	Approval Date (year)		
				Expiration date (year)		
	Yes/No	-	American Osteopathic Association (AOA)	Approval Date (year)		
			Expiration date (year)			
	Yes/No	-	Other, specify:			
Memberships	Yes/No	-	Federation of Ambulatory Surgery Centers (FASC)			
	Yes/No	-	Freestanding Ambulatory Surgery Center Association of Tennessee (FASCA of TN)			
	Yes/No	-	Tennessee Hospital Association (THA)			
	Yes/No	-	Other, specify:			

Provisional Provisional

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Schedule C - Classification				
Do not use all UPPER case letters when filling out the schedules.				
Select one item in each category that best describes your facility.				
Classification of Facility	-	Surgical Clinic (includes ASCs, ASTCs)		
	-	EENT Clinic (Eye, Ear, Nose and Throat)		
	-	Dental Clinic		
	-	Maternity Clinic		
	-	Plastic Surgery Clinic		
	-	Other, specify:		
Type of Facility	-	Free Standing		
	-	Hospital Based, specify		
	-	Hospital Affiliated, specify		
	-	Other, specify:		

Provisional Provisional

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Schedule C - Classification				
Do not use all UPPER case letters when filling out the schedules.				
Select one item in each category that best describes your facility.				
Type of Owner (select only one)	-	(For Profit) Proprietorship – a business owned by one person.		
	-	(For Profit) Partnership – an association of two or more persons to carry on as co-owners of a business or other undertaking for profit formed under 61-1-202, predecessor law, or comparable law of another jurisdiction. TCA Title 61 Chapter 1.		
	-	(For Profit) Limited Partnership (LP) – a partnership formed by two or more persons under the law of the state of Tennessee, and having one or more general partners and one or more limited partners. TCA Title 61 Chapter 2.		
	-	(For Profit) Limited Liability Partnership (LLP) – is governed by TCA § 61-1-106(C). The law of this state governs relations among the partners and between the partners and the partnership and the liability of partners for an obligation of a limited liability partnership that has filed an application as a limited liability partnership in this state.		
	-	(For Profit) Limited Liability Company (LLC) – established by the “The Tennessee Limited Liability Company Act” found in the TCA § 48-201-101 through § 48-248-606.		
	-	(For Profit) Corporation – defined by the Tennessee Business Corporation Act codified in TCA Title 48 Chapters 11-27.		
	-	(Not For Profit) Non-Religious Corporation or Association – defined by the “Tennessee Nonprofit Corporation Act” codified in TCA Title 48 Chapters 51-68.		
	-	(Not For Profit) Religious Corporation or Association – either a corporation or association that is organized and operated primarily or exclusively for religious purposes. Most of the provisions of the Tennessee Nonprofit Corporation Act apply to a religious corporation. Exceptions are specified in TCA § 48-67.		
	-	(Not For Profit) Limited Liability Company (LLC) – a company that is disregarded as an entity for federal income tax purposes, and whose sole member is a nonprofit corporation, foreign or domestic, incorporated under or subject to the provisions of the Tennessee Nonprofit Corporation Act and who is exempt from franchise and excise tax as not-for-profit as defined in TCA § 67-4-1004(15).		
	-	(Government) City		
	-	(Government) County		
	-	(Government) State		
	-	(Government) Federal		
-	Other Government, specify			

2014 Joint Annual Report of Ambulatory Surgical Treatment Centers

Provisional Provisional

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Schedule D - Availability and Utilization of Services						
Complete ALL fields.						
Do not use all UPPER case letters when filling out the schedules.						
Provide the following to cover the entire reporting period.						
Availability of Rooms	Number of Operating Rooms					
	Number of Procedure Rooms					
	Number of Birthing Rooms					
Check the "Yes/No" column for each of the services the facility offers and indicate the number of patients and procedures for those services during the reporting period. Number of patients may include duplicates because the same patient may receive several of the services listed.						
Utilization of Services	Is your facility a single or multi specialty facility?				-	
	Type of Service - Complete ALL fields		Yes/No	Patients	Procedures	
	Acupuncture		-			
	Dental		-			
	Ear, Nose, & Throat (ENT)		-			
	Endoscopy		-			
	General Surgery		-			
	Gynecology		-			
	Hand Surgery		-			
	Infertility		-			
	Neurology		-			
	Obstetrics		-			
	Ophthalmology		-			
	Oral Surgery		-			
	Orthopedics		-			
	Otolaryngology		-			
	Pain Management		-			
	Plastic Surgery		-			
	Podiatry		-			
	Pulmonary		-			
	Radiological/Oncology Treatment		-			
	Urology		-			
	Vascular		-			
	Other(1), specify:		-			
	Other(2), specify:		-			
	Other(3), specify:		-			
	Total:				0	0

Provisional Provisional

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Schedule D - Availability and Utilization of Services							
Complete ALL fields.							
Do not use all UPPER case letters when filling out the schedules.							
Provide the following to cover the entire reporting period.							
* "Case" shall mean one visit to an Operating Room or to a Procedure Room by one patient, regardless of the number of surgeries or procedures performed during that visit.							
Total number of cases performed in all Operating Rooms *							
Total number of cases performed in all Procedure Rooms *							
Total number of cases for all rooms *						0	
**Total unduplicated number of patients served						0	
Number of patients transferred to a hospital for admission							
Average number of patients in overnight observation setting per month							
**The Total unduplicated number of patients served may be less than the Total number of patients and procedures reported , but should agree with **Total Patients Served and **Total Tennessee and Non-Tennessee Residents							
(Schedule E)							
	Type of Equipment on Site	Yes/ No	Number of Units		If Mobile***, number of days per week	Fixed plus Mobile	
			Fixed	Mobile***		Patients	Procedures
Availability and Utilization of Equipment	Computerized Tomography (CT/CAT)	-					
	Ultrafast CT	-					
	Linear Accelerator	-					
	Lithotripter	-					
	Magnetic Resonance Imaging (MRI)	-					
	Upright MRI	-					
	Mammography	-					
	Megavoltage Radiation	-					
	Positron Emission Tomography (PET)	-					
	Ultrasound	-					
	Xray	-					
*** Mobile units: units coming to the ASTC facility for the diagnosis and treatment of ASTC patients on site							

Provisional Provisional

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Schedule E - Patient Characteristics							
Do not enter zero. Blank fields will represent zero patients.							
Number of patients served during this reporting period by Age, Gender and Race	Age	Gender		**Total patients served	Race		
		Female	Male		White	Black	Other
	17 and under			0			
	18-64			0			
	65-84			0			
	85 and older			0			
	Total Patients	0	0	0	0	0	0

Provisional Provisional

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Schedule E - Patient Characteristics						
Do not enter zero. Blank fields will represent zero patients.						
Patient Origin Tennessee Counties	Please enter the number of patients from each county who received services during the reporting period.					
	County	Number of Patients	County	Number of Patients	County	Number of Patients
	01 Anderson		33 Hamilton		65 Morgan	
	02 Bedford		34 Hancock		66 Obion	
	03 Benton		35 Hardeman		67 Overton	
	04 Bledsoe		36 Hardin		68 Perry	
	05 Blount		37 Hawkins		69 Pickett	
	06 Bradley		38 Haywood		70 Polk	
	07 Campbell		39 Henderson		71 Putnam	
	08 Cannon		40 Henry		72 Rhea	
	09 Carroll		41 Hickman		73 Roane	
	10 Carter		42 Houston		74 Robertson	
	11 Cheatham		43 Humphreys		75 Rutherford	
	12 Chester		44 Jackson		76 Scott	
	13 Claiborne		45 Jefferson		77 Sequatchie	
	14 Clay		46 Johnson		78 Sevier	
	15 Cocke		47 Knox		79 Shelby	
	16 Coffee		48 Lake		80 Smith	
	17 Crockett		49 Lauderdale		81 Stewart	
	18 Cumberland		50 Lawrence		82 Sullivan	
	19 Davidson		51 Lewis		83 Sumner	
	20 Decatur		52 Lincoln		84 Tipton	
	21 DeKalb		53 Loudon		85 Trousdale	
	22 Dickson		54 McMinn		86 Unicoi	
	23 Dyer		55 McNairy		87 Union	
	24 Fayette		56 Macon		88 Van Buren	
	25 Fentress		57 Madison		89 Warren	
	26 Franklin		58 Marion		90 Washington	
	27 Gibson		59 Marshall		91 Wayne	
	28 Giles		60 Maury		92 Weakley	
	29 Grainger		61 Meigs		93 White	
	30 Greene		62 Monroe		94 Williamson	
	31 Grundy		63 Montgomery		95 Wilson	
32 Hamblen		64 Moore		96 Unknown		
Total Tennessee Patients						0

Provisional Provisional

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Schedule E - Patient Characteristics						
Do not enter zero. Blank fields will represent zero patients.						
Patient Origin	01 Alabama		18 Kentucky		34 North Carolina	
	04 Arkansas		25 Mississippi		47 Virginia	
Out of State	11 Georgia		26 Missouri		55 Other States/ Countries	
	Total Patients from Other States and Countries					0
**Total Tennessee and Other States/Countries Patients					0	
** Total Tennessee and Other States/Countries Patients should match **Total Unduplicated Patients from the Utilization of Services section (Schedule D) and from the **Total Patients Served section (Schedule E)						

Provisional Provisional

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Schedule F - Financial Data								
Complete ALL fields. Round figures to the nearest dollar.								
Expenses	Type of Expenses						Amount	
	(Exclude all depreciation and round figures to the nearest dollar)							
	Payroll: Include salaries for all full-time and part-time personnel who are included in Schedule G.							
	Fringe Benefits: Social security, group insurance, retirement benefit, etc.							
	Other Operating Expenses: Expenses for all contract staff, professional fees, energy expense (oil, natural gas, electricity, etc.), and all other operating expenses.							
	Non-operating Expenses: Expenses for interest, taxes, real estate lease expenses, and other non-operating expenses.							
	Total						\$0	
Depreciation	Depreciation recorded this year on all capital (buildings, equipment, etc.) rounded to nearest dollar.							
Complete ALL fields. Do not include revenue related losses. Round figures to the nearest dollar.								
Patient Revenue	Source		Gross Patient Charges	Minus	Adjustment to Charges	Equal	Net Patient Revenue	
	Government	Medicare		-		=	\$0	
		Medicaid/TennCare		-		=	\$0	
		Cover Tennessee		-		=	\$0	
		Other Government		-		=	\$0	
		Total Government:	\$0	-	\$0	=	\$0	
	Non-Government	Self-Pay		-		=	\$0	
		Insurance		-		=	\$0	
		Other Non-Government		-		=	\$0	
		Total Non-Government:	\$0	-	\$0	=	\$0	
	Total Patient Revenue: Total Government + Total Non-Government		\$0	-	\$0	=	\$0	
	Non-Patient Revenue	All Other Revenue						
	Total Revenue	Grand Total Revenue: Total Government Net Patient Revenue + Total Non-Government Net Patient Revenue + All Other Revenue						\$0

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Schedule F - Financial Data				
Complete ALL fields. Round figures to the nearest dollar.				
Non-Government Adjustment to Charges	Bad Debts – Uncompensated care for which the facility directly billed the patient and for which the patient should reasonably be expected to pay.			
	Charity Care – Services provided to medically needy persons for which the facility does not expect payment			
	Other – Any other adjustments that are not appropriately reported in either Bad Debt or Charity			
	Total Non-Government Adjustments			\$0

Provisional Provisional

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Schedule G - Personnel					
Do not enter zero. Blank fields will represent zero employees. Please do not use all UPPER case letters when filling out the schedules.					
Please indicate the number of personnel on the last day of the reporting period. Record zero where appropriate. Leave the item blank if the value is unknown. Full Time Equivalent (FTE) = number of hours worked by part-time employees per week/40 hours per week. For example, three Registered Nurses, each working 20 hours a week, the FTE would be $(3 \times 20)/40 = 1.5$. For two medical records employees, one working 10 hours per week and the other working 15 hours per week, the FTE would be $(10 + 15)/40 = .63$.					
Type of Employee by Service	Type of Employee	Employee		Employee Pool/Consultant/Contract	
		Full-Time	Part-Time In FTE	Full-Time	Part-Time In FTE
	Administrator				
	Business Office (Manager & Staff)				
	Receptionist/Secretary/Frontdesk/Clerical				
	Housekeeping				
	Scheduler				
	Medical Director				
	Physicians (MD or DO)				
	Dentists				
	Physicist/Dosimetrist				
	Financial/Billing Personnel				
	Nursing (RN, LPN & Ancillary Nursing)				
	Certified Registered Nurse Anesthetists (CRNA)				
	Operating Room Technicians				
	Radiology Technicians				
	Scrub Technicians				
	Surgical Technicians				
	Medical Records				
	Other (1), Specify:				
	Other (2), Specify:				
	Other (3), Specify:				
	Total		0	0.00	0

Provisional Provisional

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Schedule G - Personnel									
Do not enter zero. Blank fields will represent zero employees. Please do not use all UPPER case letters when filling out the schedules.									
Please indicate below the number of personnel during the reporting period.									
Nurses	Nurse Type	Highest Education Level	Number Currently Employed	Number of Budgeted Vacancies	Average # Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months		
	Registered	Diploma						Clinical	Admin.
		Associate							
		Bachelors							
		Masters							
		Doctorate							
	Total		0	0		0	0	0	
	Advanced Practice	Nurse Practitioner							
		Clinical Nurse							
		Certified Registered Nurse Anesthetist							
		Total		0	0		0	0	0
	Other Nurses	Other Nursing Staff		Number Currently Employed	Number of Budgeted Vacancies	Average # Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
		Licensed Practical Nurses							
		Certified Nurses Aides							
Other (1)									
Other (2)									

Provisional Provisional

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Schedule G - Personnel							
Do not enter zero. Blank fields will represent zero employees. Please do not use all UPPER case letters when filling out the schedules.							
Contract Nursing Personnel	Yes/No	-	Does your organization use contract nursing personnel? If yes, indicate the number of contract personnel in the following categories.				
	Type	Number Currently Contracted	Number of Budgeted Vacancies	Average # Weeks Required to Recruit Staff	Number Added in the Past 12 Months	Number Eliminated in the Past 12 Months	
	Registered Nurses						
	Licensed Practical Nurses						
	Certified Nurses Aides						

Provisional Provisional

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Schedule H - Medical Staff					
Do not enter zero. Blank fields will represent zero medical staff. Please do not use all UPPER case letters when filling out the schedules.					
Include all medical staff with privileges to practice at the facility, whether considered active or associate. Active: employed and practicing at the facility. Associate: has privileges to practice at the facility but is not employed at the facility.					
Medical Staff	Specialty	Number of Medical Staff	Number of Medical Staff who are Board Certified		
	Abdominal Surgery				
	Anesthesiology				
	Cardiovascular Surgery				
	Certified Registered Nurse Anesthetist (CRNA)				
	Colon and Rectal Surgery				
	Dental/Oral Surgery				
	Ear, Nose, & Throat (ENT)				
	Gastroenterology				
	General Surgery				
	Gynecology				
	Hand Surgery				
	Head and Neck Surgery				
	Neurological Surgery				
	Obstetrics				
	Oncology				
	Ophthalmology				
	Orthopedic Surgery				
	Otolaryngology				
	Pain Management				
	Pathology				
	Pediatric Dentistry				
	Pediatric Surgery				
	Physical Medicine/Rehabilitation				
	Plastic Surgery				
	Podiatry				
	Radiology				
	Radiation Oncology				
	Thoracic Surgery				
	Urological Surgery				
	Vascular				
		Other (1), specify:			
		Other (2), specify:			
	Other (3), specify:				
	Total	0	0		

Provisional Provisional

State ID:	00000	Facility Name:	-	2014
Administrator Declaration				
Review and correct Error Listing before submitting report.				
Administrator's Declaration	-	I, the administrator, declare that I have examined this report and to the best of my knowledge and belief, it is true, correct, and complete.		
Date (mm/dd/yyyy) (use slashes)				